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#3

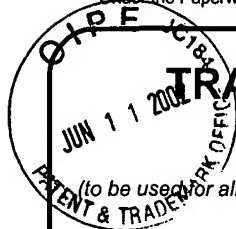
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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MP \$



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/099,927        |
| Filing Date            | March 13, 2002    |
| First Named Inventor   | Kelberlau, Ulrich |
| Group Art Unit         | 2822              |
| Examiner Name          | Not Yet Assigned  |
| Attorney Docket Number | 011775-010710US   |

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

☒ Fee Transmittal Form-In Duplicate

☐ Fee Attached

☐ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☒ Response to Missing Parts/  
Incomplete Application

☐ Response to Missing  
Parts under 37 CFR  
1.52 or 1.53

☐ Assignment Papers  
(for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition Routing Slip (PTO/SB/69)  
and Accompanying Petition

☐ Petition to Convert to a  
Provisional Application

☐ Power of Attorney, Revocation  
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s)

☐ After Allowance Communication to  
Group

☐ Appeal Communication to Board of  
Appeals and Interferences

☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s)  
(please identify below):

Executed Declaration and Power of  
Attorney

Return Postcard

Remarks

The Commissioner is authorized to charge any additional fees to  
Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                          |  |                 |
|--------------------------|--|-----------------|
| Firm and Individual name | Townsend and Townsend and Crew LLP<br>Chun-Pok Leung | Reg. No. 41,405 |
| Signature                |  |                 |
| Date                     | 6-3-02   |                 |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

June 3, 2002

Typed or printed name

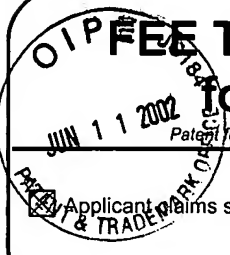
Andrea S. Beck

Signature

Date

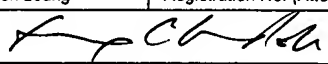
6/3/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.  
PA 3227016 v1

|   |                          |                                     |
|---|--------------------------|-------------------------------------|
|  <p><b>FEE TRANSMITTAL for FY 2002</b></p> <p>Patent fees are subject to annual revision.</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p> | <b>Complete if Known</b> |                                     |
|   | Application Number       | 10/099,927                          |
|   | Filing Date              | March 13, 2002                      |
|   | First Named Inventor     | Kelberlau, Ulrich                   |
|   | Examiner Name            | Not Yet Assigned                    |
|   | Group Art Unit           | 2822                                |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 513   |                          | Attorney Docket No. 011775-010710US |

|  |                                    |
|--|------------------------------------|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |                                    |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> MoneyOrder <input type="checkbox"/> Other <input type="checkbox"/> None |                                    |
| <input checked="" type="checkbox"/> Deposit Account:   |                                    |
| Deposit Account Number   | 20-1430                            |
| Deposit Account Name   | Townsend and Townsend and Crew LLP |
| The Commissioner is authorized to: (check all that apply)  |                                    |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments   |                                    |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application   |                                    |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |                                    |
| <b>FEE CALCULATION</b>   |                                    |
| <b>1. BASIC FILING FEE</b>   |                                    |
| Large Entity   | Small Entity                       |
| Fee Code   | Fee (\$)                           |
| Fee Code   | Fee (\$)                           |
| Fee Description  | Fee Paid                           |
| 101  | 740                                |
| 106  | 330                                |
| 107  | 510                                |
| 108  | 740                                |
| 114  | 160                                |
| 201  | 370                                |
| 206  | 165                                |
| 207  | 255                                |
| 208  | 370                                |
| 214  | 80                                 |
| <b>SUBTOTAL (1)</b>  |                                    |
| (\$370)  |                                    |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |                                    |
| Total Claims 24 -20** = 4    Extra Claims    Fee from below    Fee Paid  |                                    |
| Independent Claims 4 -3** = 1    X \$42 = \$42   |                                    |
| Multiple Dependent    X    =   |                                    |
| Large Entity   | Small Entity                       |
| Fee Code   | Fee (\$)                           |
| Fee Code   | Fee (\$)                           |
| Fee Description  | Fee Paid                           |
| 103  | 18                                 |
| 102  | 84                                 |
| 104  | 280                                |
| 109  | 84                                 |
| 110  | 18                                 |
| 203  | 9                                  |
| 202  | 42                                 |
| 204  | 140                                |
| 209  | 42                                 |
| 210  | 9                                  |
| <b>SUBTOTAL (2)</b>  |                                    |
| (\$78)   |                                    |

|  |              |                                    |          |
|--|--------------|------------------------------------|----------|
| <b>3. ADDITIONAL FEES</b>                |              | <b>FEE CALCULATION (continued)</b> |          |
| Large Entity                             | Small Entity | Fee Code                           | Fee (\$) |
| Fee Code                                 | Fee (\$)     | Fee Description                    | Fee Paid |
| 105                                      | 130          | 205                                | 65       |
| 127                                      | 50           | 227                                | 25       |
| 139                                      | 130          | 139                                | 130      |
| 147                                      | 2,520        | 147                                | 2,520    |
| 112                                      | 920*         | 112                                | 920*     |
| 113                                      | 1,840*       | 113                                | 1,840*   |
| 115                                      | 110          | 215                                | 55       |
| 116                                      | 400          | 216                                | 200      |
| 117                                      | 920          | 217                                | 460      |
| 118                                      | 1,440        | 218                                | 720      |
| 128                                      | 1,960        | 228                                | 980      |
| 119                                      | 320          | 219                                | 160      |
| 120                                      | 320          | 220                                | 160      |
| 121                                      | 280          | 221                                | 140      |
| 138                                      | 1,510        | 138                                | 1,510    |
| 140                                      | 110          | 240                                | 55       |
| 141                                      | 1,280        | 241                                | 640      |
| 142                                      | 1,280        | 242                                | 640      |
| 143                                      | 460          | 243                                | 230      |
| 144                                      | 620          | 244                                | 310      |
| 122                                      | 130          | 122                                | 130      |
| 123                                      | 50           | 123                                | 50       |
| 126                                      | 180          | 126                                | 180      |
| 581                                      | 40           | 581                                | 40       |
| 146                                      | 740          | 246                                | 370      |
| 149                                      | 740          | 249                                | 370      |
| 179                                      | 740          | 279                                | 370      |
| 169                                      | 900          | 169                                | 900      |
| Other fee (specify) _____                |              |                                    |          |
| <b>*Reduced by Basic Filing Fee Paid</b> |              | <b>SUBTOTAL (3)</b>                |          |
|  |              | (\$65)                             |          |

|                     |   |                                   |              |
|---------------------|---|-----------------------------------|--------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>   |              |
| Name (Print/Type)   | Chun-Pok Leung  | Registration No. (Attorney/Agent) | 41,405       |
| Signature           |  | Telephone                         | 650-326-2400 |
|                     |   | Date                              | 6-3-02       |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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# UNITED STATES PATENT AND TRADEMARK OFFICE

JUN 11 2002

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 10/099,929         | 03/13/2002          | Ulrich Kelberlau      | 011775-010710US        |

CONFIRMATION NO. 2748

## FORMALITIES LETTER



\*OC000000007922716\*

Townsend and Townsend and Crew LLP  
8th Floor  
Two Embarcadero Center  
San Francisco, CA 94111

Date Mailed: 04/22/2002

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

06/17/2002 ROSMAN1 00000069 201430 10099927

FILED UNDER 37 CFR 1.53(b)

01 FC:201 370.00 CH  
02 FC:205 65.00 CH  
03 FC:202 42.00 CH  
04 FC:203 36.00 CH

Filing Date Granted

### Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 370 to complete the basic filing fee for a small entity.*
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

### Items Required To Avoid Processing Delays:

The item(s) indicated below are also required and should be submitted with any reply to this notice to avoid further processing delays.

- Additional claim fees of \$78 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

### SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$513 for a Small Entity

- \$370 Statutory basic filing fee.
- \$65 Late oath or declaration Surcharge.
- Total additional claim fee(s) for this application is \$78
  - \$36 for 4 total claims over 20.

- \$42 for 1 independent claims over 3.

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*A copy of this notice **MUST** be returned with the reply.*

*E. Harlan*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE